Kentucky Community and Technical College System
INSURANCE REQUEST FORM
Request for Excess Accident/Dental/Medical Insurance

Please provide all information requested. After completing and signing the form, either fax a copy at **(859) 256-3118** or e-mail to cindy.wells@kctcs.edu at the System Office. Please retain the original at the college's office.

Date of Request: _____

Person Making Request: _____

Department Name: _____

College Campus: _____

College Address: _____

Phone Number: _____

E-mail Address: _____

The activity must meet **at least one** of the following criteria. Please indicate **each** item that applies to this excess insurance request:

a. It is a summer camp.
b. It involves participants who are under the age of 18.
c. It is not any of the above, but exposes participants (NON-KCTCS students) to a risk of injury that is not ordinarily present in an academic setting. Examples: A rock-climbing trip, a snow skiing trip, zip lines, an organized sports activity or a carpentry workshop involving the use of power tools.

Description of Activity (nature and location, and *why eligible for insurance*): _____

_____

_____

Please circle one: Days Only Over-night

Date of the Activity (please include ***total number of days/nights*** to be covered):

_____

Estimated Attendance: _____

Charge Account string: _____

_____ _____
Signature **Date**

08/2017

Kentucky Community and Technical College System
Excess Insurance for Camps/Conferences/Field Trips
Summary of Coverage

Insurance Carrier Reisert & Associates (United States Fire Insurance Company)

Coverage

Insurance coverage is on an **excess** basis only. The participants' personal health insurance policy will be primary and provide coverage for accident. The **excess** policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and coinsurance amounts if applied under the participants' personal policy.) The benefit period is 52 weeks from the date of an injury. The first expense must be incurred within 180 days of the accident and care is medically necessary. If the participant does not have personal health insurance coverage, this **excess** policy will pay first dollar, up to the limits of this policy. Pre-existing conditions are not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

Coverage Benefits & Limits

Accident Medical Expense (**Excess**)	$25,000
Accident Dental Expense (**Excess**)	URC*
Physical Therapy	URC*
Deductible	None
AD&D and Paralysis, Principle Sum	$15,000

*URC = Usual, Reasonable & Customary

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the Kentucky Community and Technical College System, or anyone they may designate, to have my son/daughter treated for injuries they incur during a designated camp, conference, or field trip activity with the college.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give KCTCS, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the Kentucky Community and Technical College System's Camps/Conference/Field Trip Policy. I also understand that the System insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

Date _____ Name of Participant _____ Signature (Parent or Guardian if claimant is a minor) _____

Emergency Contact (if other than parent) Name: _____ Phone _____

FORM FM 92
08/25/2005

Kentucky Community and Technical College System
Camps, Conferences & Field Trips
Medical Insurance Information Form

Participant Name:_____
Last First Middle

Address:_____
Street Apt.#

_____
City State Zip Code

Participant's Social Security No.:_____
Age:_____ Date of Birth:_____
Parent/Guardian Name(s):_____
Business phone: mother:_____ step mother:_____
father:_____ step father:_____
Home phone mother:_____ step mother:_____
father:_____ step father:_____
Neighbor or Relative (Other than parent/guardian): Phone:_____

Primary Insurance Information

Parent's Insurance Covering Participant

Insured:_____ Date of Birth:_____

Policy Number:_____ Member ID #:_____

Insurance Co.:_____ Phone #:_____

Insurance Co. Address:_____

Second Parent's Insurance (if participant is also covered under this policy)

Insured:_____ Date of Birth:_____

Policy Number:_____ Member ID #:_____

Insurance Co.:_____ Phone #:_____

Insurance Co. Address:_____

Check and sign if participant has no health coverage.

☐ There is no health insurance coverage for this participant at this time.

Signature Parent/Guardian_____ Date:_____

You must submit a copy of the front and back of all insurance and Rx identification cards covering participants.

KCTCS
HIGHER EDUCATION BEGINS HERE

Form FM84
2/15/2016

Injury Accident Report

Date of Occurrence _____ Time of Occurrence _____

Section A: Personal Information

Name: _____ Student ☐ Employee ☐ Visitor ☐ EE/Student ID: _____

Facility/Campus: _____

Accident Location: _____

Section B: Description of Injury

Apparent Nature of Injury

☐ Abrasion	☐ Concussion	☐ Puncture
☐ Amputation	☐ Cut	☐ Scald
☐ Asphyxiation	☐ Dislocation	☐ Scratch
☐ Bite	☐ Fracture	☐ Shock
☐ Bruise	☐ Laceration	☐ Sprain
☐ Burn	☐ Poisoning	☐ Other

If Other, explain: _____

Part of Body Injured

☐ Abdomen	☐ Elbow L ☐ R ☐	☐ Head
☐ Ankle L ☐ R ☐	☐ Eye L ☐ R ☐	☐ Knee L ☐ R ☐
☐ Arm L ☐ R ☐	☐ Face	☐ Leg L ☐ R ☐
☐ Back	☐ Finger	☐ Mouth
☐ Chest	☐ Foot L ☐ R ☐	☐ Other
☐ Ear L ☐ R ☐	☐ Hand L ☐ R ☐	

If Other, explain: _____

Describe the nature of the injury (cut, third finger, left hand, etc.): _____

Describe medical attention provided or received and by whom: _____

Section C: Description of Accident

Did accident occur while in an instructional or work activity? Yes ☐ No ☐ *If no, continue to Section D.*

Please specify any machine, equipment, or tools involved: _____

If applicable, were proper machine guards used? Yes ☐ No ☐

Was individual using Safety Equipment? Yes ☐ No ☐ Describe Safety Equipment: _____

If Safety Equipment was not in use, explain: _____

Was individual given safety orientation? Yes ☐ No ☐

Was this accident/injury due to faulty equipment? Yes ☐ No ☐

Did person have permission to use equipment? Yes ☐ No ☐ If no, explain: _____

Was supervisor/instructor present at accident? Yes ☐ No ☐ If no, explain: _____

Describe any action taken to prevent recurrence: _____

Section D: Statements/Signatures

Employee's/Student's description of accident (explain in detail):

Employee's/Student's Signature: _____ Date _____

Was family notified? Yes ☐ No ☐ Explain: _____

Was student provided with supplemental insurance form and instructions? Yes ☐ No ☐

Witness' description of accident (explain in detail):

Witness' Signature: _____ Date _____

List all non-student/non-supervisor witnesses and contact information:

Name	Email Address	Phone Number

Supervisor's/Instructor's description of accident (explain in detail):

Supervisor's/Instructor's Name and Signature _____ Date _____

Section E: Additional Signatures

If report is completed by an individual other than the Supervisor/Instructor please provide name and signature below:

Name and Signature _____ Date _____

Section F: Administrator Comments:

Administrator's Signature: _____ Date _____

Section G: KCTCS Environmental Health and Safety Review

Date accident report received by EHS Coordinator: _____

FOR SAFETY SECTION USE ONLY		
Degree of Injury	Minor	Severe

Important: Send copy to KCTCS Environmental Health and Safety Coordinator via email at ehscoordinator@kctcs.edu.